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mainly Christian) those run by foreigners are now finding it difficult to disarm the suspicions of the Government. In Lebanon, there are almost as many private as state schools and the foreign schools still work without difficulty. There are higher schools for teachers and for agriculture and engineering in Syria and for agriculture in Lebanon, but it is usual for a student to pass from a secondary school directly to a university. The following table shows the various types of schools and number of students.

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Type	Lebanon, 1951		Syria, 1951–2	
	Schools	*Students*	*Schools*	*Students*
State:				
Primary	977	83,252	1,850	237,775
Secondary	..	..	57	26,237
Technical	30	2,381	11	2,146
Teachers	2	165	10	1,233
Reformatory	1	106	—	—
Private	601	84,788	387	65,936
Foreign	149	41,402	56	9,852
Total:	1,760	212,094	2,371	343,179

.. = not available.

(Sources: *Statistical Abstract of Syria, 1951–2*, Damascus, 1952; *Statesman's Year-Book*, 1953).

The American University of Beirut is non-sectarian and has students from all over the Middle East. It encourages the use of Arabic as well as English, and its most renowned faculties are those of medicine and social sciences. The University of St Joseph in Beirut is run by the Society of Jesus. Attached to this university are schools of medicine, law, and theology, subsidized by the French Government and administered by the Society, in which teaching is carried on in the French language. A National University has recently been started by the Lebanese Government. The Syrian National University in Damascus teaches in Arabic and its most important faculties are those of law and medicine. A separate body for the study of the Arabic language is the Arab Academy of Damascus.

Health

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Malaria and amoebic dysentery are endemic and, though efforts are being made to drain breeding-grounds, preventive medicine is only in a rudimentary stage. Good hospitals exist in the cities and more are under construction; qualified doctors practise in all the towns, but in the villages there is still a lack

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APPENDIX II

THE JIBRAIL RURAL FELLOWSHIP CENTRE, LEBANON

By S. Neale Alter*

The Fellowship Centre is located in the village of Jibrail, Akkar, Lebanon, which has around nine hundred people, all of whom depend on agriculture for their livelihood. This village is the geographical centre for an ecological area of some twenty thousand people. Our village reconstruction programme began in 1934, though our Presbyterian Mission had an academic school there before that time. Ours is the only controlled experimental demonstration centre of its kind in Lebanon.

When this reconstruction project began, Jibrail, like most other villages of the Near East was resigned to half-crops, half-health, half-adequate housing, half-happiness, and half-living. Since we were convinced that all of these factors must be treated as a unit, the programme dealt with the following: fundamental education for teen-age boys and girls, as well as adults, control of diseases of men, animals and plants, improvement of agriculture and live stock, control of water and soil conservation and irrigation, rural industries to make use of leisure time; and the development of moral, social and spiritual values within the indigenous religious cultures.

We have been experimenting for several years with a strategy which would reach the whole village through contacting individuals, family units, the village and the ecological area in their "grass-roots" environment. This technique is the same as that which would be used to meet the economy of a rural family which had run down land, poor crops - hence poor food, inferior animals and trees, poor health; and consequently poor members in the family unit. In the East the village resembles a large family, consequently there must be a unit approach, rather than the departmental approach, as is used in the extension systems of the West. After there is considerable development the departmental approach may apply equally well to the East.

Over a period of years we have accumulated considerable data on this unit approach. Our Centre is constantly being requested by individuals, government and others to share this data, especially in the Arabic language. We feel that it would be a real service to the whole Near East to provide some printed material.

We have the following assets:

1. Personnel and leadership. Mrs. Alter and I have had special training and experience in rural education and rural reconstruction. We have developed a staff of able Lebanese who understand our philosophy and co-operate as colleagues. We are in process of developing a Lebanese Board of Directors to take over more and more of the administration.

2. We have two schools, for boys and girls, which are co-operating closely with the Fundamental Education of UNESCO. These schools have a student body and graduates through whom we may continue experimentation and demonstration.

* Mr. Neale Alter is an American in charge of the Jibrail Centre. He is assisted in the management of the Centre by Mr. Munir Khoury, a Lebanese.

4. Health and hygiene for both boys and girls - for the girls there is special emphasis on First Aid and Home-nursing. 361 185

5. Child study and development for the girls with applied practice with a group of Kindergarten children. 871

For the boys this course is paralleled by practical work in carpentry and repairs and improvements in the home, e.g., laying cement floors.

6. Family relationships which begin with the study of relationships of students to their parents and other members of their families, and continue to include neighbour and community relationships and finally relationships to the nation and the family of nations. This course is essentially an emphasis on applied civics and sociology.

7. Cottage industries including weaving, gardening, and the raising of poultry and rabbits for both schools.

This is almost the most difficult of the ten points especially as it applies to our basic theory of financing the schools. The theory is that moderate fees should be collected for the first of the three years' course. The second year the students should even be able to earn a small surplus in addition to the fees. However up to the present the cottage industries have produced the marginal income which is necessary to carry on the plan.

8. Games, recreation and drama.

This feature of the programme is also difficult because it is not yet appreciated by the parents and also because of the lack of suitable materials. The sphere of the J.R.F.C. is to co-operate with other groups e.g., the B.C.W., The Literature Committee, etc., in the production of these basic materials, drama, reading materials, songs, etc.

9. Indigenous rural culture including such things as rural music folk songs, etc. This feature is also difficult to attain for three reasons - a lack of appreciation of the value of such culture, a lack of materials, and a lack of that extra margin of production which makes a virile culture possible. There is a vicious circle in the rural areas which both parents and young people feel can only be broken by leaving the villages for the city or by emigrating abroad. 361 369

10. Religion. The study of religion is not an isolated course but it is the unifying thread throughout the whole programme. It aims at the development of a personal relationship of the student to God through Christ and of an intelligent knowledge and understanding of the Bible and of the religious tenets and background of the student's family. 361 771

Point number two for men and boys, i.e., occupational skills needs a few additional comments. Although soil conservation is a part of the theoretical and practical part of our school programme, this has also been one of our emphasized features of our extension programme. With twelve growing months for vegetable crops, plenty of water for irrigation and very great possibilities for increasing fruit culture, it is very important to build the retaining walls according to scientific principles. Over a period of time we have developed a system for building terraces, but we have been using only primitive hand labo tools and methods. We have now reached the point where we need simple and 361 874 242 185

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practical mechanical equipment which will eliminate needless back-breaking labour and enable us to do the work on a larger scale more quickly. This becomes increasingly important as agricultural equipment of more modern types replaces the present primitive types.

II. Extension services. One of the major extension and demonstrational services which we have been rendering is that of the control of plant and fruit pests and diseases. For this work we have been using small hand-operated spraying equipment. We now need some practical mechanical equipment especially for spraying the high grape vines which are trained up the large oak trees. Since these grapes are economically so important in the life of the village this spraying becomes important.

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III. Leadership training. In the training of leadership we have three groups in view, the local village leadership, area leadership and students. The first two of these does not involve much expense, and can be carried on through our schools and extension services. The latter has so far included the following:

1. Student Summer Work Camps, where we use the students of the Beirut College for Women and the A.U.B. for work in the Jibrail area. This work has been financed by the institutions concerned, but there is need for more equipment. This equipment would belong to the Fellowship Centre and would be used by the Centre during the winter.

2. Visits of students from the departments of rural Education and Rural Sociology of the Beirut College for Women and the University of Beirut. Up until the present time these visits have been limited to one-day visits, which have been very limited in effectiveness. We are anxious to have living quarters for these students, so that they could stay for longer or shorter periods of time, so that they could really get experience in our centre and make a contribution to our centre.

We have building plans for such a centre to be used in student training and the cost of simple equipment for such a building. Details of this are included in the section which reports our Ten Year Plan.

3. Rural Emphasis Week, during the vacation in the spring, is our attempt to bring the challenge of rural services to the young people of the high schools before they have decided on careers in the cities. This does not require special buildings or equipment as it would be the same as that used for the regular work of the Centre and for college student special field work and observation.

4. We now have a special opportunity to co-operate with the field work programme of the American University training centre for public health specialists and community health nurses. Our part in this training programme would be to furnish a field training centre. The plan would be as follows:

1. We would provide the area where these trainees could have practical training. The Akkar is one of the most needy areas in Lebanon so far as health facilities go, so it provided one of the best areas for field work. We have already had considerable discussion with the staff of the Public Health School of the American University of Beirut.

2. We to serve as liaison relationship with the villages and co-operate in getting the trainees to their work centres. 361 874 185

3. The Fellowship Centre to provide living quarters for both the men and women trainees, and do the actual preparation of the food.

4. We to provide training in Rural Sociology by supervised observation tours, content courses at the Centre, and discussion seminars.

In order to co-operate with this training work the Jibrail Rural Fellowship Centre would have to build living quarters for the nurses and men trainees, and to provide local staff for the training in Sociology. These items are included in our Ten Year Plan, as part of this report.

IV. Medical and Public Health. The above proposal of co-operating with training of public health workers fits in closely with our existing programme of public health and community nurse. If we are to have such a co-operation our present work should be more of a model than it is at present. 361 744

We have therefore included in our Ten Year Plan an item for the improvement of our local community nurse facilities.

vention of tuberculosis, assists in the hospitalization of needy cases and administers a sanatorium at Dahr el Bashek. The Armenian Charitable Society furnishes treatment facilities for the care of Armenian patients. The Young Women's Moslem Association was established for the promotion of education among Moslem women, and since 1948 it has maintained a training school for nurses in Beirut. The Mouassat Society, an organization of Moslem women interested in infant welfare work, finances a small maternity hospital in Beirut.

The medical schools of the American University of Beirut and the Université Saint-Joseph have affiliated medical care and preventive services. The Board of Foreign Missions of the Presbyterian Church in America supports a medical mission in Tripoli. The Near East Foundation directed a general health and rural improvement program in the Anjar villages in the Bekaa valley from 1944 to 1951, when it retired from Lebanon. It also instituted an extensive malaria control project in the Anjar and the Ammik swamp areas. The Karagheusian Corporation, in America, contributed substantially to the work of the Foundation in the Armenian villages, and provides for the maintenance of child welfare centers in Anjar and Beirut.

The Lebanese Public Health Association is prominent among the professional societies. It is concerned with the promotion of public health in Lebanon and with the dissemination of educational materials. The Lebanese Medical Association is likewise active, and publishes a journal for its membership.

Two industries maintain medical facilities for the benefit of their employees—the Iraq Petroleum Company, at Tripoli, and the Trans-Arabian Pipeline Company, at Beirut and Sidon. The Iraq Petroleum Company also subsidizes a medical insurance scheme for the families of its employees. The United Nations Relief and Works Agency for Palestine Refugees carries on public health programs in the various camps

A laboratory division has been created in the Ministry of Public Health, however, and laboratory services are gradually being organised. A government laboratory is being established at Beirut with assistance under the Point Four program .of the United States government. When it is completed, it will have divisions for bacteriologic and serologic diagnoses, water and food analyses, the preparation of rabies, typhoid and other vaccines, and administration and supplies. 742

At present the Ministry contracts for laboratory services from the medical school of the Université Saint-Joseph, the Faculté Française de Médecine. Its Institut de Bactériologie is equipped for the performance of routine bacteriologic, serologic and chemical examinations. The Institut Antirabique undertakes the preparation of antirabic vaccines and the administration of prophylactic treatment. 742 874 [758]

The medical school of the American University of Beirut has pathologic, serologic and bacteriologic laboratories, with facilities for research and the conduct of routine diagnostic examinations for the various divisions of the University hospital, as well as for private physicians. Typhoid-paratyphoid and smallpox vaccines are also produced in the University laboratories. Clinical laboratories are connected with the government hospitals and with the larger private institutions, both national and foreign.

Schools. There are 2 medical schools in Beirut, both of which receive students from the neighboring Arab states. The Faculté Française de Médecine is supported by the French government, and its graduates are awarded French state degrees in medicine. The instruction is in French, and the course of training covers 6 years, including a year for internship. 874

The School of Medicine of the American University of Beirut operates under the Regents of the University of the State of New York, and meets the Class "A" standards of the American Medical Association. It provides a 5-year course leading to the

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degree of Doctor of Medicine. The teaching is in English. In 1951, its Department of Preventive Medicine and Public Health was expanded and reorganized as a regional training center in public health to serve all the countries of the Near and Middle East. The new Department, which forms the nucleus of a projected school of public health, is sponsored by the University, the Rockefeller Brothers Fund, the Technical Co-operation Administration of the United States government and the World Health Organization. Its objectives embody the training of different types of subprofessional personnel, the organization of facilities for active co-operation with governmental agencies in Lebanon and other countries, and the conduct of research and field investigations. In 1951-52, the Department offered a 1-year course for the training of sanitarians, a 1-year course for laboratory technicians, a 3-year advanced course for medical technologists and a 1-year postgraduate course in public health for nurses. Plans are also under consideration for the development of short refresher courses in specialized fields for physicians and other medical personnel.

A School of Dentistry is connected with the Faculté Française de Médecine, and furnishes a 4-year course leading to a degree in dentistry and a 2-year course for dental mechanics. Schools of Pharmacy, each requiring 4 years of study, are attached to the French and the American universities.

There are 6 schools for the training of nurses. The School of Nursing of the American University of Beirut provides a standard course of 3 years comparable with that given in approved schools in America. The school attached to the Faculté Française de Médecine, and the school opened by the Young Women's Moslem Association in Beirut in 1948, offer 2-year courses. The Lebanese Red Cross maintains a school in Beirut which has a 2-year course for nurses and a 1-year course for nursing assistants. The Kennedy Memorial Hospital in Tripoli conducts a school for the training of male and female nurses with a 2-year course of

376 instruction. Since 1951, nurses have also been trained at the Christian Medical Center in Beirut. A School of Midwifery is incorporated in the Faculté Française de Médecine, and has a 1-year course for the training of midwives.

Personnel

367 **Physicians.** Eight hundred and sixteen physicians were reported as practicing in Lebanon in 1948—roughly 1 per 1,300 population. Of this number, 430 were located in Beirut and the remainder in the provinces—123 in North Lebanon, 148 in Mount Lebanon, 55 in South Lebanon and 60 in the Bekaa. In 1951, the staff of the Ministry of Public Health included 30 doctors—8 attached to the headquarters in Beirut, 4 in the quarantine services and 18 in charge of the case units. The municipality of Beirut employs 18 to 20 physicians and the Ministry of National Education, 6.

Dentists. Reports for 1948 indicate that there were 186 dentists in the country, 19 of whom were settled in Beirut.

Nurses. In 1950, it was estimated that there were from 550 to 600 nurses in Lebanon. In addition, nursing nuns serve in the hospitals operated by religious orders.

844 **Others.** The official publications for 1948 listed 210 graduate midwives and 188 midwives with practical training. Over 70 per cent of the graduate midwives were located in the vicinity of Beirut. The same year, there were 133 graduate pharmacists and 61 assistant pharmacists.

DISEASES

1845 1847 Prior to 1943, public health activity was largely concentrated in Beirut; consequently, the organization of preventive services and the extension of medical facilities in the provincial districts are still in the developmental stage. At present the reports of research investigations sponsored by the medical departments of the French and the American universities and by other agencies provide the chief sources of information regarding the prevalence of specific

and Sidon were roughly comparable. In a series of 1,111 complement fixation tests on miscellaneous human serums sent to the Wassermann laboratory of the University hospital, 7 per cent gave a positive reaction with Q fever antigen.

SUMMARY

Lebanon, formerly one of the French-mandated Levant states, has been an independent republic since 1943. It is a compact territory, with an estimated population in 1948 slightly in excess of 1,220,500 and a density of roughly 300 inhabitants per square mile. Unlike the surrounding Arab countries, the Christian and the Moslem elements of the population are almost equal in collective numerical strength and political importance.

Responsibility for the health of the people resides in the Ministry of Public Health of the Lebanese government, which acts in co-operation with other ministries and numerous philanthropic and religious organizations. The public health and the medical care functions of the Ministry are directed from Beirut. The city is one of the leading medical centers of the Near and Middle East, with two university medical schools and associated hospitals. In 1948, there were 73 hospitals (including sanatoria) in the country, with an aggregate capacity of 5,181 beds, or approximately 4.2 beds per 1,000 population. Eight hospitals were maintained by the Ministry of Public Health, while 36 were conducted under private or philanthropic auspices and 9 by foreign organizations. In addition to the outpatient services of the hospitals, a central polyclinic, 17 rural dispensaries and 4 tuberculosis clinics were operated by the Ministry; a polyclinic by the municipal health department in Beirut; 16 dispensaries by the Lebanese Red Cross; and various units by other organizations.

Water supplies are derived from streams, springs or wells, and are usually abundant in the coastal region but often deficient in the interior. Treated municipal water sup-

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